

Baltimore County Department of Health

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# ***Integrating HIV Prevention Programs with STI/HIV Partner Services***

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# Inter-bureau Collaboration

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- Administrative Services
- Behavioral Health
- Community Health Services
- **Clinical Services**
  - STI Clinics
- **Healthcare Access**
  - HIV programs
  - Partner Services
- **Prevention, Protection & Preparedness**
  - STI Surveillance
  - Partner Services



# Early Efforts

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- **Healthcare Access**
  - Two part-time DIS (enhanced HIV)
- **Prevention, Protection & Preparedness**
  - Two DIS (syphilis)



# Integration Services as of 2008

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- Goal: Improve integration of services
  - STI/HIV/TB surveillance
  - Partner services (PS)
  - Clinical services



# Disease Intervention Specialists

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- DIS team
  - Two supervisors
  - Four DIS
    - Provide increase from 2 to 4 DIS
    - Provides added diversity to DIS – gender and race
    - Provide shared expertise in syphilis and HIV
- Weekly pouch reviews
- Weekly DIS case conference



# Integration Of Services

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- DIS Management of STI/HIV
  - Received technical assistance from DHMH to facilitate integration of DIS services across bureaus
  - Increased the number and diversity of DIS staff available to provide case finding, surveillance and partner services
  - Enhanced management of HIV/STI surveillance and partner services



# Baltimore County's Story

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- In 2007, the Bureau of Healthcare Access piloted the co-location of a DIS within the HIV Case Management Program
- For the purpose of Case Managers to:
  - Increase their understanding of the role of DIS
  - Understand how PS could benefit their clients' and their client's partners
  - Increase referrals to PS within the HIV Case Management Program



# Story Continued

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- Two employees from HIV Prevention and Outreach programs were sent to DIS school
- March 2008, Public Health Nurse went to DIS school
- In 2009, BCDH was awarded funding to hire two part time DIS to work directly in the HIV Case Management Program



# Motivating Factors

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- Estimated that 25% of HIV positives are unaware of their status
- Despite all our efforts we were not increasing our newly identified persons living with HIV
- There were certain high risk populations with whom we were making little progress reaching, particularly MSMs



# Challenges

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- Baltimore County is a large jurisdiction
- There is no place to target high risk groups..no bars clubs ...no entertainment hot spot
- Rates of new infection especially within the MSM community were on the rise
- The Department realized that MSM community did not see us as a resource
- CTR testing and HIV prevention efforts were not yielding newly diagnosed individuals within the high risk populations

# Steps to Integration

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- **Education** of all staff within the HIV programs on all their roles
- Case Management
- Sero Positive Clinic staff
- Peer Advocate
- CTR
- DIS
- Outreach



# Understanding Roles

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- A big factor in the success of this partnership was the co-location of DIS in the HIV program
- This helped to facilitate full integration of all the programs (from CTR to outreach to DIS to CM to linkage to care)
- There was full support at the administrative, management and service delivery levels

# Primary Role of DIS

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How can DIS help...

- Working with clients around disclosure issues
- Helping clients understand re-infection and exposure to other STIs



# DIS/Case Manager Team

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## The key was collaboration

- The DIS develops a working relationship with the Case Management team
- DIS may attend Case Management team meetings.
- Upon request DIS will do mini-presentations and trainings to CM staff to increase CM buy-in, and comfort



# How DIS Works with Clients

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- Assess client's immediate needs and his/her access to resources to meet those needs
- Ensure appropriate referrals are made for outreach, HIV medical care, and support services
- Conduct PS interview
- Renegotiate or reinforce the client's plans for reducing risk
- Refer to HIV Outreach Program



# Lessons for DIS

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DIS learned the benefits of:

- Using Peer Advocates
- Facilitating linkage between DIS and CM through HIV Outreach Program
- Utilizing CM for on-going case services



# HIV Case Managers' Role

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- Communicate the benefit of PS to the client
- Assimilate the value of PS to all clients on the CM caseload
- Encourage the participation of clients in PS process
- Refer clients early and often



# Three Key Components to Success

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- Dispelling the myth
- Building the trust
- Building the team



# Dispelling The Myth

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- Educate the Case Managers by DIS doing presentation to the staff sitting in on case conferences, accompanying them on field visits
- Facilitate a comfort level with CM, so they can help their clients accept partner services
- Referrals to PS benefits everyone!



# Dispelling The Myth

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- Case managers, and social workers in particular, are programmed to protect the confidentiality and trust of the client. This makes it particularly difficult to press a client to make contact with DIS
- There is a belief that referring a client to PS would negatively impact the client
- Working as a team, we can address needs across the whole continuum of care. The bottom line is that DIS leads people to testing, treatment, and care

# Building the Trust

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- By DIS becoming a part of the team, it helped to build a trust among all staff within the HIV Programs; including prevention, outreach, and case management
- Mini DIS-101 with clinical staff of the STD clinics
- Role played an interview



# Working as a Team

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- Working as a team, we can address needs across the whole continuum of care
- DIS leads people to testing, treatment, and care
- The partnering of DIS and outreach staff increased our ability to target high risk persons and locate new individuals unaware of HIV status
- The clinic staff now has the DIS on speed dial



# Working as a Team

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- Once we began to work together as a team within HIV we began to reach out to other programs within the department
- DIS staff in PPP
- Clinical services: STD & Family Planning



# Co-location

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Importance of putting a face to the name and getting to know the DIS.

- Who is your local DIS?
- Do you trust him/her?
- DIS attended Case Management team meetings to discuss cases
- Learned information about clients from DIS they would otherwise not know



# Secondary Gains

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- Some unintended results--positive ones!
- Increased collaboration between:
- DIS
- CM staff
- Outreach staff
- CTR
- STI Clinics
- Family Planning Clinics



# Advanced Integration Collaborators

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- DIS staff
- Peer Advocate
- HIV CTR staff
- CTR Outreach programs
- Clinical Services
- Baltimore County Detention Center



# Where Are We Now

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- Department-wide *Ask Screen Intervene Training*
- Annual department-wide diversity training
- Increased collaboration across the Department in the delivery of PS
- Increased uniformity in the delivery of PS
- Creation of a department-wide Partner Services Manual
- Increased access to the broader continuum of HIV services for persons living with HIV

